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DEAFNESS RELIEVED BY INJECTIONS OF WATER THROUGH THE  
EUSTACHIAN TUBES.

BY JOHN H. DIX, M.D., BOSTON.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have deferred communicating through your Journal the following cases, until sufficient time should elapse to establish, at least with regard to the earlier ones, the permanence of the relief afforded.

The catheter used is an inflexible one of silver, similar in form and curvature to that recommended by Dr. Kramer, but smaller, the diameter of the bore being less by one half, and the length four inches and three quarters. Through this catheter with a two ounce syringe a jet may be thrown twenty-two feet. About thirty ounces of water is used at a sitting.

The amount of hearing is supposed to be measured by the distance at which the patient hears the ticking of a watch, audible to a sound ear at the distance of fifty inches and a half, or four feet and a quarter; although this is by no means a perfectly satisfactory test, there being sometimes a capacity of hearing at the ordinary distance a uniform repetition of the same sound, without the power of readily distinguishing the varied tones of conversation or music; just as certain differences of shade and color are inappreciable by eyes which in other respects are good.

Some years ago I met with a gentleman, to whom I could not with any effort render my voice audible, and yet he could hear the ticking of a watch two and a half feet distant from the right ear. Recently a person called upon me, deaf as regards useful hearing, and still giving unquestionable proof of hearing my watch at the distance of twelve feet. And I have to-day seen a gentleman, who can converse without difficulty in a quiet apartment, and says that he is deaf only as to distant sounds, who hears my watch not at all with the left ear, and but indistinctly with the right, when pressed against it. This discrepancy is strikingly exhibited by the result of experiments on the ears of ten persons supposed to hear perfectly, in order to ascertain the average hearing distance of my watch. They are as follows: A hears with the right ear 18 inches, with the left 12 inches. B, right ear 7½ feet, left 8 feet. C, right ear 3 feet, left 5½. D, right ear 7 feet, left 7½. E, right ear 3 feet, left 3½. F, right ear 11 inches, left 15 inches. G, right ear 3 feet, left 3½ feet. H, right ear 3½ feet, left 3½. I,

right ear 5 feet, left 6 feet. J, right ear  $4\frac{1}{2}$  feet, left  $5\frac{1}{2}$  feet. In no case, however, has the hearing distance of the watch increased, without either the patient or his friends being sensible of improvement in other respects, though frequently it is much less, and sometimes greater, than might be reasonably expected, and probably no one sound could be taken to indicate the degree of improvement, which would not be liable to the same objections.

1. *June 22d, 1837.*—Miss M. A., of Andover, has been deaf in the left ear, and partially so in the right, for three years past. At this time she cannot hear conversation at all upon the left, and but imperfectly on the right side. The ticking of the watch is inaudible in contact with the left ear. There are heard in the left ear various noises, the most troublesome of which is a roaring as of waters on a beach, sometimes accompanied with shrill sounds, and so loud as to prevent attention to any other circumstances. For the last three weeks it has been unusually loud and frequent, and it is especially with reference to this, as she says, “distracting noise,” that she now applies for aid.

On the right side an imperfection of hearing was first observed two years since, but from February last it has been rapidly failing, with the occasional accompaniment of a roaring noise similar to that on the left side. Watch audible upon this ear.

She has been subject to catarrh from early life, and the symptoms are now aggravated when she takes cold. On making a forced expiration, with the mouth and nostrils closed, no air can be forced through the Eustachian tubes. The mucous membrane about the fauces slightly reddened, and the tonsils just visible.

*Nov. 9th.*—The injection of the Eustachian tube with water was performed at three sittings on the right side, and eight on the left, before any sensation was conveyed to the ears. About once a week two leeches were applied behind the angle of the jaw on the left side. The sittings being persevered in daily, the hearing of the right ear began to improve after the twelfth, and the hearing of the left after the thirtieth sitting, the noises, however, remaining as troublesome as before, except for a day or two after the application of leeches. Two days since, after the thirtieth sitting on that side, water was felt to pass into the internal ear on the right side; and yesterday, after the seventy-first sitting, into the left ear also. The watch is now audible with the left ear one foot, and with the right three feet. The right ear is perfectly free from noise, and in the left a very low murmur remains.

*June 8th, 1838.*—Miss A. returns, wishing to have the Eustachian tube of the left side again injected, as she cannot force air through it so easily as at the close of the treatment in November, 1837, and the hearing distance of the watch is less by six inches. The noise has not increased. She has had colds occasionally during the winter.

*July 20th, 1838.*—There have been one, two, and in some cases three sittings daily, for the left side, with gradual improvement of hearing. After the forty-fifth sitting, water passed into the chamber of the tympanum, and since that time there have been sixteen sittings for injection with rose-leaf tea, with the view of correcting the morbid

condition of the mucous membranes. The hearing distance with this ear is now two feet. The right ear has maintained the same hearing distance during the year. Miss A. has had altogether one hundred and sixty-six sittings.

I have, in the course of the last month, seen Miss A. Her hearing continues as above, the low murmur in the left ear remaining. She converses with ease, and hears the services at church without difficulty.

II. *Sept.*, 1837.—Miss W., of Andover, had been for many years deaf in both ears, principally the right, in which there was also tinnitus. She could not hear conversation in the ordinary tone when seated near the speaker. Had been subject to catarrhs. Miss W. had thirty sittings. Of this case either no minutes were made, or I have lost them, and cannot, therefore, give the measure of improvement by the watch. That it must have been very considerable is evident from a letter dated May 29th, 1838, from which, for the want of more precise data, I make such extracts as refer to the deafness.

"Sir,—Consistently with your request, I write you, and am highly gratified to say, consistently with truth, that after having suffered the trials consequent to deafness for nine or ten years, I have now the important sense of hearing very much improved, I do not know but I can say with propriety, nearly restored to perfection." "I am not at all troubled to hear common conversation, or public prayers and discourses, unless the speaker's voice be quite low, though I sit far more distant than formerly." "Still, I cannot hear persons who speak quite low, or indistinctly." "Strangers do not discover that I am at all troubled, as they are not obliged to raise their voices above the common pitch." "My friends and acquaintances all agree that my hearing is vastly improved."

A relative of Miss W. informs me, that her hearing remains unimpaired at the present time. Of the tinnitus no mention is made in the letter, and I presume that it also was relieved. Miss W. was directed to gargle the throat, after her return home, with the infusion of red rose leaves.

III. *October 22d*, 1838.—Mr. C. F., æt. 18, of Boston, had always been deaf, but at times the deafness has been temporarily increased under the influence of catarrh. From the age of sixteen, attacks of catarrh have been more frequent, and hearing not so fully restored as formerly during the intervals. There has always been in the right ear a shrill singing noise, not varying with the state of the hearing, and occasionally a similar noise affects the left. Mr. F. can now hear my watch with the right ear two and a half inches, and with the left six inches off. Air is with great effort forced into the chamber of the tympanum, and reaches the left ear a few seconds before it does the right. After the passage of air into the internal ear, the watch is heard four inches from the right, and eight inches from the left ear; but in the course of an hour, this improvement disappears. There is a general redness about the velum and tonsils, with here and there a distinct red vessel.

*April 3d*, 1839.—The daily application of a stimulating liniment externally to the throat, with gargles of infusion of red rose leaves and

alum, and the use of a dry diet, having been premised for a fortnight, with the effect of lessening the congestion of the mucous membranes; injections of the Eustachian tube of the right side were commenced, and continued at very irregular intervals. There have been for the right ear thirty-seven sittings, and for the left four. The injections for the left side are all within the last fortnight, and previous to them a marked improvement had taken place in this ear. Meanwhile the liniment, gargles and dry diet have been, with occasional remissions, adhered to. The watch is heard with the right ear fourteen, and with the left fifteen, inches off. The tinnitus has gradually diminished, is never experienced in the left ear, and in the right is occasionally just perceptible.

Here, contrary to my urgent remonstrances, the father of the patient thought proper to suspend the treatment, telling me, at the same time, that he, as well as his son, were sensible that the deafness had been much relieved during the treatment, independently of any indications derived from the watch. To-day, August 30th, 1839, Mr. F. tells me that during the spring and summer he has several times suffered from catarrh, and that after each attack there has been a diminution of hearing. He has lately made himself a catheter of block tin, and succeeded in injecting the Eustachian tubes himself. The hearing distance of his right ear is now eight, and of the left, eleven inches. (Whether he has obtained with his self-injecting apparatus the relief which his perseverance and ingenuity deserve, I have not yet learned.)

IV. *February 10th, 1839.*—J. L., ship-carpenter, of Boston, æt. 20, has been deaf for as many years as he can remember, whenever affected with catarrh, to which he is subject. Of late years hearing has been much impaired during the intervals of these attacks, and now, having recently had a severe cold, he is with great effort only made to hear conversation. There is in the left ear a roaring as of the surf upon a beach, and in the right a low hissing, as of a teakettle. With the left ear the watch is very faintly heard when pressed against it. With the right it is heard at the distance of two inches. On expiration with the mouth and nostrils closed, air is said to be felt in the chamber of the tympanum of each ear; but on applying the air douche, both Eustachian tubes are found to be impervious. Slight redness and tumefaction about the fauces. Patient is of full, plethoric habit. Three leeches behind the angle of the jaw on each side. Tinct. canth. fort. around the throat. Gargle of rose-leaf tea, and dry diet.

*February 16th.*—Water has been injected four times on the left side, and the watch is now heard three inches distant.

*March 20th.*—Since last date the Eustachian tubes of the right and left side have been operated on alternately, making ten sittings for the right and eight for the left ear. The gargle and tincture have been used, but not so assiduously as before. The watch is now heard ten inches from the right, and four from the left ear. The tinnitus of the left side is hardly recognized, and that of the right side somewhat abated. Converses with much greater facility than before. Is obliged to leave town.

V. *February 12th, 1839.*—Miss B., æt. 24, of Charlestown, has

been subject, since she was twelve years of age, to inflammations in the meatus externus, which resulted in a temporary otorrhœa, not attended, as she thinks, by deafness. She has also, from her earliest recollection, been subject to catarrh of the nasal passages, every attack of which was followed by deafness. Hearing became gradually imperfect, but not enough so to interfere with common intercourse, until in April of 1838 she had a very severe attack of catarrh, extending to the mucous membrane of the bronchiæ. During this illness she was exceedingly deaf, and much annoyed with a ringing sound in the right ear. Up to the present time, the deafness and tinnitus have been increasing, and she can now hear my watch at the distance of nine inches with the left ear, but cannot hear it at all with the right when placed in contact with it. Having the left ear closed, and standing very near to it, the ringing of the bell on Mr. Walker's meeting house at Charlestown, does not convey to her any sound. Traces of chronic inflammation are seen about the posterior fauces and tonsils. The air douche makes no impression on the Eustachian tube of the right, but is slightly perceptible on the left side.

*March 3d.*—Injections of water into the Eustachian tube were commenced upon the right side; and after the fourth sitting, the ticking of the watch, when pressed against the ear, was faintly audible. After the sixth sitting it was heard when not in contact with the ear; and to-day, after the fifteenth sitting, it is heard four inches from the ear, these four inches being gained at this sitting, in the course of which a plug of inspissated mucus is ejected from the nostril, about an inch in length and corresponding in shape to the cavity of the Eustachian tube.

*March 29th.*—Since the last date, Miss B. has had eight sittings, with a further improvement of the hearing distance of the right ear to six inches, until within the last week, having been confined to the house with a severe cold, the hearing distance has diminished to two inches. Emp. cerat. canth. behind angle of jaw.

*May 2d.*—The Eustachian tube of the right side has been injected, since March 29th, ten times, at the last six sittings rose-leaf tea being substituted for water. On the left side the operation has been performed six times. Hearing distance of right ear eight inches, and of left eighteen inches. Directed, during the summer, to shower the back of the neck daily with cold water. In this case the improvement, as respects conversation, music, &c., was greater than in the preceding ones, or at any rate elicited stronger expressions of gratitude.

*VI. May 23d, 1839.*—Mr. F., æt. 25, of Boston; six years ago having, in the course of a few months, grown very rapidly, and being at the time troubled with dyspepsia, was suddenly, while suffering from a sick headache, attacked with a buzzing noise in the right ear, but without any sensible diminution of hearing. Mr. F. is subject to catarrh, but is not aware that the tinnitus is increased or hearing diminished during its continuance. In the autumn of 1837 Mr. T. called upon me, and was recommended to apply leeches within, and blisters behind the ear occasionally, which he did for five weeks, without any improvement. In the following spring, he walked in one day about forty miles, getting

fatigued, heated, and in a free perspiration, immediately after which the noise in the right ear abated one quarter.

Now Mr. F. hears my watch seven and a half inches from the left, and eleven inches from the right ear, in which the buzzing noise continues to be very troublesome. Air passes to the chamber of the tympanum with considerable effort on both sides, but with greater difficulty, and not so speedily, on the right. No marks of recent or chronic inflammation of the mucous membrane of the fauces and velum. Is of rather spare habit.

*May 30th.*—Has had seven sittings for the water douche, with an improvement in the right ear, upon which alone it has been practised, to twenty-five inches hearing distance. Water now passes freely into the ear, and air with equal facility into both. The tinnitus is not at all diminished.

*June 6th.*—After an interval of three days from the close of the injections with water, the gas douche of acetous ether, in the manner recommended by Dr. Kramer in erethitic affections of the auditory nerve, was applied daily, for five days, without any relief from the noise, and after some of the sittings with a temporary dullness of hearing.\* To-day the hearing distance of the right ear is twenty-five inches.

*July 4th.*—Since the termination of the treatment, June 6th, the hearing distance has been steadily at twenty-five inches, and the tinnitus has subsided so much that it is scarcely felt, and gives him no annoyance. The obstruction in this case was probably situated not in the Eustachian tube, but in the chamber of the tympanum.

VII. *July 18th, 1839.*—Miss L., of Lynn, æt. 28, has been deaf for ten years in the right ear. The deafness commenced with a very severe cold in the head, gradually increased for seven years, and for three years past has been as at present. Eight years ago hearing began to fail in the left ear, which, as nearly as she can remember, became as deaf as it now is in three years. There has been in both ears, from the commencement of the disease, and increasing with it, very troublesome tinnitus, which she compares to the roaring of waves on the sea-shore, accompanied sometimes with the chirping of crickets, and more rarely the ringing sound of bells. During these ten years, she has been subject, though very seldom, to catarrh, by which the deafness and tinnitus are temporarily increased.

Now my watch is not audible in contact with either ear, and to converse with her at a short distance requires great effort, the right ear being rather less deaf than the left. Making an expiration, with the mouth and nostrils closed, she thinks that she perceives a slight pressure in both ears. With the air douche it is impossible to force air through the Eustachian tubes into the tympanum of either ear. No visible signs of a morbid condition of the mucous membranes.

*July 23d.*—Has had four sittings for the right side, and is sensible that the water reaches farther than at first. The tinnitus in this ear is

\* A few cases of erethitic nervous deafness, in which I have had recourse to the treatment by this gas, as suggested by Dr. K., have been highly successful; but one of the persons most benefited being absent, I delay reporting them until an opportunity occurs of ascertaining that the improvement is lasting.

diminished. Does not hear my watch, but her friends think that there is some improvement in conversation.

*July 20th.*—Has had two injections daily ; in the morning on the right, and in the afternoon on the left side, making ten sittings for the right and six for the left ear. The tinnitus in both ears is not so loud, by one half, as formerly, and is not aggravated by fatigue, as it used to be. My watch is audible upon the right ear, but not upon the left. A louder watch, which she has formerly heard when pressed against the right ear, is now heard an inch from it. Patient and her friends are sensible of an improvement in hearing, and it is not now liable to the temporary diminution which accompanied the increase of the tinnitus from fatigue.

The preceding cases do not, of course, claim to be cures (if by a cure is understood the restoration of an organ to the full exercise of its original functions) ; nor are they to be considered as giving a fair example of the benefits to be expected from this operation ; but only as showing that it is possible, in suitable cases, to effect by it a very desirable improvement of hearing and cessation of tinnitus. These cases are, in fact, selected as the most favorable among sixteen ; of the remaining nine of which, three were somewhat benefited, and six not at all improved. In estimating, however, the true value of this mode of treatment, some deduction should be made from the number of incurable cases, for two reasons. First, the exaggerated statements of foreign operators might easily induce one, in the first pursuit of a new mode of treatment, to attempt cures, which, in the light of later experience, would be rejected. Secondly, previous to the re-publication, by Dr. Dunglison, of Kramer's excellent work upon diseases of the ear, I was unprovided with a very important means of diagnosis.

This means of diagnosis is the air douche, effected by an air pump and receiver of the condensed air, which is in many cases indispensable for the accurate investigation of the state of the Eustachian tubes and internal ear. For instance—in two of the above cases, according to the patient's own account of his sensations, the Eustachian tubes must have been open, and yet, upon applying the air douche, no air was heard to rush into the ear ; and the result of the treatment in these two cases proves the correctness of the indication derived from it. On the other hand, these passages may be supposed by the patient to be closed, when they are free. An intelligent young man had had twenty-two sittings for the water douche, with relief of tinnitus and slight improvement of hearing ; but for the ten last sittings, there had been no amendment in any respect, but, on the contrary, the tinnitus was somewhat increased. Patient was confident that, during these ten sittings, the water had made no progress, and equally confident that it had not reached the internal ear ; it seeming to him to be arrested by some obstacle near the entrance of the Eustachian tube into the chamber of the tympanum. A single air douche gave to my ear the full rushing sound, diagnostic of an Eustachian tube and internal ear unobstructed.

But, admitting the value of this instrument as a means of diagnosis, I am not satisfied of its superiority to the water douche in a therapeu-



tical point of view ; in other words, of its power to remove obstructions of considerable density from the Eustachian tubes and chamber of the tympanum, and to change the morbid condition of the mucous membrane of these parts. Repeated trials of the air douche, on a large number of persons, have resulted in the permanent benefit of none, and the temporary relief of two. In one of these cases, there was in the course of six sittings for the air douche, a gain in the hearing distance of the right ear, from six inches to three feet ; and of the left ear, from eleven inches to two feet ; but after a few days, in spite of the repetition and increased force of the douche, the hearing distance gradually receded, so that in a fortnight there remained only a gain of four inches on the left, and three on the right side—an improvement which the patient did not appreciate in other respects, although some of her friends did. In another case, the hearing distance of an ear was raised by three sittings from one inch to three, but could not by any effort be made to advance, and a month afterwards was found to have returned to its original distance ; a troublesome tinnitus, which accompanied the deafness, remaining throughout unaltered. At the present time I have under treatment a case, of which the very decided and rapid improvement, if lasting, will induce me to modify my opinion and practice, and to suppose that the previous want of success with this instrument has been owing, either to a remarkable coincidence of immovable obstructions and undilatable strictures, or to a want of dexterity in the operator.

But, though this and other similar cases should be finally successful, the air pump cannot altogether supersede the water douche ; since, to some of the cases above detailed, which yielded to injections of water, the air douche had been several times applied with great force. It seems, indeed, to be a matter of every-day experience, that a jet of water will soften and remove substances, upon which a stream of air, of any practicable degree of condensation, might play forever, without making an impression.

In point of convenience, however, the air is certainly preferable to the water douche ; if successful, it is more speedily so ; and, as far as my experience goes, it is less likely to occasion any local or constitutional inconvenience. Under the use of the water douche, transient pain in the ear, dizziness and fainting have sometimes been produced ; under the use of the air douche, never, and I have applied the latter to a greater number of individuals, though not at so many sittings. When the Eustachian tubes are free, it cannot be necessary, in making the diagnosis, to effect more than a very slight degree of condensation, for by some persons, with a strong, quick effort of expiration, the rush of air into the chamber of the tympanum can be rendered faintly audible to the operator ; and in cases of closure, with all the condensation that can be effected, the air gains admission to the tympanum, if at all, only in a very fine stream, the progress and gradual enlargement of which are very distinctly and unequivocally marked to the ear of the operator, and instantly controllable by the stop-cock. The fact that Dr. Kramer, who has had a vast amount of experience, and, what is of more



importance, writes with great intelligence and apparent fairness, makes no allusion to anything more serious than a temporary increase of tinnitus and dulness of hearing in cases of erethitic nervous deafness, from the use of the air douche, militates very much with the idea that any danger is to be apprehended from the judicious use of it.

In the cases of supposed fatal result, which appeared in the London Medical Gazette of July 6th, 1839, and were copied into the tenth number of the Medical Library and Intelligencer, of only one of which the details are given, and that in a most meagre and unsatisfactory manner; either some injury was inflicted by an awkward introduction of the catheter, or the air pump used was one of enormous power, or else the medical witnesses in the case were mistaken—an alternative not unprecedented, and certainly not remarkable, considering the very inadequate grounds upon which their testimony is founded.

September 12, 1839.

DEAR SIR,—Since the preceding article was sent to you, the No. of the London Lancet for August 3d, has been handed to me by a friend. It contains some remarks upon the supposed case of death from the use of the air pump, so strikingly corroborative of those which I made at the close of my communication, that you would much oblige me by giving an insertion to the following quotation. The writer, in speaking of it, says:

"It is not my intention, on the present occasion, to discuss the cause of this event, my object being merely to state that the operation was not performed in the manner recommended by Kramer, Itard, Deleau, and others, or, I am quite sure, from actual experience, no ill effects could have followed. It would be a pity that an acknowledged improvement in the practice of aural surgery—which, as the British and Foreign Medical Review truly says, is "indispensable for the diagnosis and treatment of the disease of the middle ear, directly, and indirectly, as a means of diagnosis at least, in many kinds of deafness"—should be allowed to fall into disrepute on account of an accident so clearly the result of a want of common precaution, if not of experience.

"It is much to be feared that the operation of catheterism of the Eustachian passages has been attempted by parties totally ignorant of its common principles, and quite incapable of discriminating the proper cases for its employment; and, in proof of this, I may mention the following incident, just as related to me by a gentleman at this moment on my list of patients. He had been operated on, by one of these persons, who used an air-press, which he described as being 'as big as his hat;' it had the effect of blowing him out of town, very ill, for a month. On his return he met this *quondam* specific doctor, who accosted him with 'Ah! I have been wishing to see you; we shall be sure to succeed now; I have got a magnificent instrument, five times as big as the last!'

"Since the late accident this person had fallen back on his *specific of acoustic drops*, and now, in his daily advertisements, repudiates catheterism as painful and dangerous.

"Air-presses are now at a discount among quacks. So much the better. Catheterism of the Eustachian tube, as we have seen, may, like everything else, be abused, but when skilfully performed, and with discrimination employed, I have no hesitation in pronouncing it to be one of the greatest improvements in modern surgery, and as safe as bleeding in the basilic vein. 'It is an operation of tact, to be acquired after long experience; but once possessed of that *sine qua non*, it is surprising with what ease and certainty it is effected, and how simple and painless it proves.'" Your obedient servant, J. H. D.

Sept. 18th, 1839.

#### LETTERS FROM THE WEST.—NO. VI.

LOUISVILLE MEDICAL SCHOOL.—DR. CALDWELL.—DR. COOKE, AND HIS TREATISE OF PATHOLOGY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Since writing my last letter, I have paid a visit to Louisville, and have acquired some information respecting the new medical school in that city. The project of forming a school there originated, I believe, with Dr. Cross, now of the Transylvania institution. A faculty was almost organized in 1833, and it was contemplated to raise a school which should present many advantages for students over Lexington and Cincinnati. It is very true that Louisville is the best site west of the mountains for a medical institution, and all that is necessary to render the city the focus of medical literature and science for the Mississippi Valley, is good material. It is a great central meeting place for the west and south. At the time when Dr. Cross was making exertions to establish a medical department of Centre College, Dr. Caldwell, then professor in Transylvania, came out in a lengthy pamphlet entitled "Thoughts on the impolicy of multiplying medical schools in Kentucky;" and it was thought by many that this powerful effort of a powerful mind was the means of crushing the project on the spot. How this was, I cannot say; but the school never went into operation. It was *quarrelled* out of being.

Two years ago, upon the dissolution of the medical faculty of Transylvania, Dr. Caldwell (having received a regular expulsion by the Trustees from this body) repaired immediately to Louisville, and set on foot a plan for a rival institution. By the fall of 1837 the faculty was made up, and lectures commenced with a class of eighty students. A furious warfare has been carried on between the two Kentucky schools since the very first medical lecture was delivered to a class of students in Louisville. Last winter the medical class in that city numbered 120. The prospect for success seems very fair. They have erected a splendid edifice for a college, and seem determined to "go ahead." The professors are gentlemen of acknowledged abilities, and have thus far given great satisfaction. I must say a word respecting two of their members, Drs. Caldwell and Cooke.

Dr. Caldwell is unquestionably the champion of the school. To use a common phrase, he is their "big gun." There is no doubt of the doctor's mental abilities. No one can deny that he is a man of great intellect. He can wield a powerful pen upon almost any subject which you will present to him, and I have often thought that he would make a splendid advocate or *special pleader* at the bar.

I cannot think, however, that Dr. Caldwell has a well-balanced mind. His *organs* need very considerable training yet, notwithstanding he is a man of three score years. He is rather fond of musing and speculating upon the splendid and fanciful, both in physics and metaphysics, and rarely thinks of coming down to plain, common-sense, every-day matters. He theorizes too much, and observes too little. He may be able to tell his class of the tissues of the body, their several offices, and what would likely be their various morbid derangements, all in an eloquent and impressive manner; but when it comes to bending over the dead body, dissecting out minutely the delicate structures upon which he has been lecturing, and pointing out accurately every important fact in connection with their healthy and morbid anatomy, he is lost.

The doctor possesses the important qualification of *self-confidence* in a most eminent degree. I have heard an anecdote of him, which may serve to give you a better idea of his character than any description of mine. Some time after his graduation, he met the venerable Rush in Philadelphia, and saluted him. Dr. R. did not at first recognize him, although Dr. C. had been his student. Upon being asked who he was, Dr. C. replied, "Sir, as a friend I am Charles Caldwell, but as an enemy I am Julius Cæsar."

This reminds me of another anecdote. Rush once took him to see a patient. After making some examination, he was asked by his preceptor if he could put nature out of the door and cure the sick man. "No, Sir," replied the student, "but I can put you out of the door very quick, and leave the case to nature."

Dr. Caldwell is quite a large man, majestic in his appearance and polite in his address. He has a very splendid phrenological head, of which he is by no means ashamed. Of the individual character of the doctor, I know little or nothing.

A few words respecting Dr. Cooke. For a number of years he was professor of theory and practice in Transylvania, during which time his work upon pathology and therapeutics made its appearance. The substance of this production may be summed up in a few words. Marsh miasm is the great remote cause of fever and diseases generally. This cause exerts its effect upon the system, first by weakening the action of the heart. This effect becomes a cause of diminished pulse, feeble capillary circulation, and finally accumulation of blood in the vena cava; which phenomenon the doctor thinks must take place, as an essential requisite for most of the diseases we meet with. After this accumulation of blood, or "congestion," in the vena cava, follows deranged function. The secretions become suppressed, particularly the secretion of bile. By acting upon the secretions, and arousing the weakened organs to their accustomed offices, we relieve this great

congestion and restore the system to a state of health. This is Dr. Cooke's theory of congestion—his hobby, one which he has been riding for twenty years. His medicine for acting upon the secretions is a pill composed of calomel, rhubarb and aloes, and is popularly known by the name of Cooke's pill. The students of Transylvania call it the vena cava pill. The pupils of that school have almost universally been delighted with this theory, and have always left the city believing that they perfectly understood the mystery of disease, and exulting at the thought that they were going to cure everything with "the pills;" but when the theory came to the test of bed-side practice, they have generally renounced it. "The pills" would do well enough as far as they went, but their patients required something more.

I am not personally acquainted with Dr. Cooke. He was absent from Louisville during my visit.

I shall probably stay in this place several days, and may write to you again before leaving.

Yours truly, W. J. B.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1839.

### RED SULPHUR SPRING OF VIRGINIA.

A NEATLY-PRINTED pamphlet of forty pages, entitled "A Visit to the Red Sulphur Spring of Virginia, during the summer of 1837, with observations on the waters, by Henry Hunt, M.D., with an introduction containing notices of routes, &c., by an annual visiter," has been issued from the press of Dutton & Wentworth, Boston.

It is obviously the opinion of Dr. Hunt, who relates his own case, that the red sulphur spring, in Monroe county, is highly beneficial in pulmonary affections. Several cases are related to prove the efficacy of the water, but none of them are sufficiently satisfactory. But there is one part of the publication that meets our entire approbation, which seems to have had its origin in a generous spirit of philanthropy, and therefore claims the respect of the reader;—it is the introduction, by a benevolent citizen, well known for his great commercial enterprise, and his active and untiring benevolence. The writer is the Hon. T. H. Perkins, who closes his observations thus: "As anonymous notices are frequently ascribed to interested motives, I have authorized my name to be given to the public, which I flatter myself will secure this publication from such charge."

Col. Perkins has furnished an interesting mass of statistical facts, in a few words, in relation to the mineral springs of Virginia, which cannot anywhere else be found, and on this account, aside from all other considerations, the pamphlet will be eagerly sought by valetudinarians, as a kind of way-side guide.

It is understood that Professor Rodgers is about giving the scientific world a complete work on the medicinal springs of the United States.

*Physician to the South Boston Institutions.*—John S. Butler, M.D., of Worcester, Mass., was finally elected, on Monday the 16th inst., to the

office of physician to the House of Industry, House of Correction, House of Juvenile Offenders, and the Hospital for the Insane Poor, all located within the same inclosure, at South Boston. Since the organization of the City Government, no election of an officer has been more singularly protracted than this important appointment, owing to a disagreement of the two Boards of the City Council in relation to the candidates. It is understood that a considerable number of gentlemen offered themselves, in June, when the names of candidates were advertised to be received. Dr. J. B. S. Jackson, of Boston, was elected several times by the Mayor and Aldermen; Dr. A. B. Snow, of Boston, several times by the Common Council; and Dr. Butler twice by the Council, the last time receiving the handsome number of twenty-six votes. This was concurred in by the Board of Aldermen, where he received five votes out of nine—the four being for Dr. Jackson again. The salary is \$1200 per annum, besides board and all necessary accommodations for the physician's family, which makes it altogether a desirable medical office. Dr. Butler is fully qualified to discharge the duties with honor to himself and satisfaction to the public.

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*Dr. Lee's Work on Physiology.*—It has been suggested to us that the note from Dr. Lee, in a late number of this Journal, would be entirely sufficient to exonerate him from the charge made against him, were it not for a single circumstance. He virtually admits, in that note, that he is acquainted with, and has made use of, the work of Dr. Hayward in compiling his own. Of this, indeed, there is other evidence in a great many passages of his book, and in certain statements of fact which he has introduced, and which were original in that of Dr. H. Of all this there would have been no reason to complain, although the resemblance in arrangement, and often in language, is closer than is common with compilers, had not the author apparently sought to keep from the attention of the public the book he had thus made use of, by employing in his preface the following language. "That such a work was wanted, is evident from the fact that none on the same plan, have, as yet, been published, adapted to youthful minds." Now certainly the work of Dr. Hayward was expressly written for the use of the young, it has been found adapted for their instruction, and in its plan Dr. Lee's very closely resembles it. Of a statement, therefore, like this, there is surely, we think, reason to complain.

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*Louisville Medical Institute.*—In the new circular of this institution, much to the surprise of the profession, doubtless, at the West, is announced the appointment of Daniel Drake, M.D., of Cincinnati, to the chair of Clinical Medicine and Pathological Anatomy. Dr. D. has in times past held an official connection with the Medical College of Ohio, the Miami University, the Cincinnati College, Transylvania University, and the Jefferson Medical College. The intelligence of the overthrow of the medical department of the Cincinnati College, of which Dr. Drake was a prominent member, has scarcely been circulated, before we hear of his transfer to Louisville. It will unquestionably be surmised, by those who profess to be wise in these things, that Dr. Drake knew very well what was about to happen in relation to himself, when he addressed that interesting letter to the chairman, Mr. Morris, which details the reason

why he resigned the professorship of theory and practice. Those who are curious to know the history of this gentleman's medical career in the Valley of the Mississippi, are referred to the last number of this Journal, where a correspondent has chronicled the whole story.

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*Flap Amputations.*—Extract of a letter from the North, to the Editor of the Lancet.—“In spite of all that some surgeons have written on the advantages of the flap amputation, it seems that they cannot profit by their own writings. In these wards there are two amputation cases, in both of which the bone protrudes from between the flaps, but of course the flaps are not to blame; ‘it is owing to acute necrosis’! Yet why in one case (that of a girl) dissect the integument when it adhered to the bone high up, and try to pull it over the protruding part? If ‘acute necrosis’ were going on, why make so many unsuccessful attempts to pull away the protruding part? Or, is it from motives of economy that it is left out, to save the patients the expense of artificial limbs? How the stumps in other wards contrast with these stumps—no bones protruding there—no ‘acute necrosis’ going on there—no necrosis heard at the daily dressings—*alias* torturings!”

EDINBURGENSIS.

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*Development of Hair in the Posterior Chamber of the Eye.*—By DR. THEODORE RUETE, of Gottingen.—This was the case of a man thirty years of age, by trade a tinker. On the cornea, which was in other respects quite natural, there was a slight cicatrice; the anterior chamber natural; the iris appeared unchanged in structure, but its pupillary margin was, to the greatest part of its extent, adherent to the capsule of the lens. The latter was opaque, and appeared to have several fissures in it. But the most remarkable thing was the appearance of four hairs behind the pupil, two longer and two shorter. They sprang out of the bottom of the posterior chamber, from the capsule of the lens. Besides these, a still longer hair pierced the iris to the left of the pupil, and lay stretched on the iris in the anterior chamber. This state was traced to an injury from a chip of tinned iron, which struck his eye in an incandescent state, three years ago.—*Monatsschrift für Medicin, Augenheilkunde und Chirurgie.*

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*On the Use of Conium Maculatum in Scrofulous Ophthalmia.*—By Professor OTTO, of Copenhagen.—Kopp, of Hanau, recommends for scrofulous ophthalmia the conium maculatum. His formula is: R. Ext. conii maculati, 3j.; aquæ cinnamomi spirituosæ, 3iv. Solve. Of this he gives children of two or three to four years old, and older, four drops three times a day, daily adding a drop to each dose. Blisters behind the ears, and compresses, wet with tinct. thebiaca, to the eyes were at the same time used. Professor Otto says he has cured more than thirty cases of scrofulous ophthalmia by this plan. He has, with Kopp, raised the doses as high as thirty to thirty-five drops without any bad result.—*Wochenschrift für die ges. Heilkunde.*

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*Medical Miscellany.*—Dr. C. J. B. Williams has been elected Professor of the Principles and Practice of Medicine at University College, London, and Physician to the Hospital, vacant by the resignation of Dr. Elliotson. Drs. Copland and Cragie were candidates.—A young man, a patient of La Charité Hospital, in Paris, died recently on account of a small artery

having been left untied in an operation by M. Velpeau. The artery was divided by an incision made into a tumor over the lower third of the right femur, and could not be found after free bleeding was ascertained.—It has been decided by the Postmaster General that all postmasters may enclose money in a franked letter to the publisher of a newspaper, to pay the subscription of a third person. We trust that many of our distant subscribers, who make the expense of sending by mail an excuse for continued neglect, will remember this.—Interments at the Bayou cemetery, New Orleans, Sept. 10—27; 7 from the hospital; yellow fever 15. At the Catholic cemetery one interment—not yellow fever. At the American cemetery two interments—both yellow fever. At the Charity Hospital, on the 10th, there were admitted 20, of whom 14 were yellow fever. Deaths 6.—Deaths in Augusta, Sept. 13th, from fever, 3; and one in the country.—Deaths in Mobile during the month of August, 101. First six days in September, 23. Population of Mobile, about 3000.—Dr. Meigs's Philadelphia Practice of Midwifery, and Dr. Harlan's Medical and Physical Transactions, have been favorably reviewed, the first in the British and Foreign Medical Review, the second in Dr. Johnson's Medico-Chirurgical Review, for July of this year.—The University of Virginia is about to lose the valuable services of Professor Griffith, who intends retiring in consequence of ill health.

TO CORRESPONDENTS.—The communications of Dr. Wheeler, Dr. Welch, J. B., a physician in Illinois, and others, will be attended to.—Dr. Alcott's is deferred a short time, till the writer whom he reviews has completed his observations.

Whole number of deaths in Boston for the week ending Sept. 21, '39. Males, 19—females, 20.

Of consumption, 2—dropsy on the brain, 1—scarlet fever, 3—dysentery, 4—cholera infantum, 7—infantile, 3—old age, 1—dropsy, 2—canker in the bowels, 1—typhous fever, 3—intemperance, 1—inflammation of the breast, 1—teething, 5—inflammation of the bowels, 1.

#### MASSACHUSETTS MEDICAL SOCIETY.

A STATED meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenaeum Building, Pearl street, on Wednesday, Oct. 24, at 11 o'clock, A. M.  
S 25—21

S. D. TOWNSEND, Recording Secretary.

#### SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1 50 to \$4 00, according to size and finish. To physicians those of men's sizes will be sold at \$2, 2 25, 2 50, 2 75, and \$3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

#### SITUATION.

A PHYSICIAN, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.

S 18—31



## ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.  
 EDENEZER EMMONS, M.D., Professor of Chemistry and Natural History.  
 DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.  
 JAMES H. ARMSBY, M.D., Professor of Anatomy.  
 DAVID M. McLAGHLAN, M.D., Professor of Materia Medica and Therapeutics.  
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics.  
 THOMAS HUN, M.D., Professor of the Institutes of Medicine.  
 AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$20. Price of boarding, from \$3 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

Albany, July, 1839.

Jy 17—10

JAMES H. ARMSBY, Registrar.

## JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL McCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUNTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOSART, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—1N1

JOHN REVERE, M.D., Dean of the Faculty.

## TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid.

S 18—1f

## GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D., Rochester.
Surgery, by	D. L. RODGER, M.D., Geneva.
Chemistry, by	WILLIAM Usher, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.	

THOMAS SPENCER, M.D., Registrar.  
 Geneva, July 16, 1839.

Jy 31—10

C. B. COVENTRY, M.D., Dean.

## MEDICATED VAPOR BATHS.

PHYSICIANS are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hemorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—1f

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$1.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies at the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.